

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **34357**

NOV 3 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **3008** Registrar's No. **368**

1. PLACE OF DEATH <b>STATE HOSPITAL NO 1</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
a. COUNTY <b>CALLOWAY</b>		a. STATE <b>MISSOURI</b> b. COUNTY <b>CHARITON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>FULTON MISSOURI</b>	c. LENGTH OF STAY (In this place) <b>8 M 18 D</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>SALISBURY MISSOURI</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <b>STATE HOSPITAL NO 1.</b>		d. STREET ADDRESS (If rural, give location) <b>/</b>	

3. NAME OF DECEASED (Type or Print)		a. (First) <b>Orrie</b>		b. (Middle) <b>ADDIE</b>		c. (Last) <b>SCOTTEN</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>OCT- 31- 52</b>	
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never married</b>		8. DATE OF BIRTH <b>Nov- 10- 1883</b>		9. AGE (In years last birthday) <b>68</b>		10. UNDER 1 YEAR Days Hours Min. <b>11 21</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>keeping own home</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>keeping own home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>KEYTESVILLE MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>			

13a. FATHER'S NAME <b>JOHN C SCOTTEN</b>		13b. MOTHER'S MAIDEN NAME <b>JULIA WARHURST</b>		14. NAME OF HUSBAND OR WIFE <b>-</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b> (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>HOSPITAL RECORDS Fulton, Mo.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
<p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)</p> <p>ANTECEDENT CAUSES</p> <p>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</p>		DUE TO (b) <b>MYO-CARDITIS.</b>			
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <b>NONE</b>		19b. MAJOR FINDINGS OF OPERATION <b>151X</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>NO</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>10/31/52</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **10/1/52**, 19\_\_, to **10/31/ 52**, 19\_\_, that I last saw the deceased alive on **10/31/52**, 19\_\_, and that death occurred at **9:15A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Dr. Harry Foster M.D.</b>		23b. ADDRESS <b>Fulton, Missouri</b>		23c. DATE SIGNED <b>10/31/52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>Nov-2-1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Asbury Cem</b>	
24d. LOCATION (City, town, or county) <b>Salisbury</b>		24e. STATE <b>Mo</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Winkelman</b>	
DATE REC'D BY LOCAL REG. <b>Oct. 31-1952</b>		REGISTRAR'S SIGNATURE <b>Maretha Lawrence</b>		4289	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*Kas. B. Dinklage*

Licensed Embalmer No. 3842

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.